

BM TRACKING SHEET

Month: _____

Year: _____

Clients Name: _____

Medication Given:	DS Dulc. Suppository FE Fleets enema MOM Milk of Magnesia MC Mag Citrate
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Results:	S - small M- medium L- large XL – X Large
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Consistency: Type 1, 2, 3, 4, 5, 6, or 7 per Bristol Stool Formation Scale on reverse side.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Days																															
Eves																															
Nights																															
Number of Days No BM																															
Days																															
Eves																															
Nights																															
Staff	Must initial below every shiftIf no BM on your shift leave area blank ...But you still must sign your initials below																														

Do Not Count Small BMs when counting for PRN NEED

Notify _____ in AM of ____ day if no BM and document in notification in daily notes

Notify _____ for loose stools (Type 6 or 7), or if having hard (Type 1 or 2) Bowel Movements